AGENT TRANSFER PACKET

5000 New Point Road Ste 1101 Williamsburg VA, 23188
757.253.0028 | info@WAARealtor.com

Please complete this packet when requesting a brokerage transfer. Submit all required forms together to avoid delays in processing. Incomplete packets may delay the transfer until all required information and signatures are received.

Agent Name: _____ License #:_____

____ Understand that a $50 transfer fee will be incurred and invoiced upon completion of the transfer.

NOTE: Inter-office transfers have no fee.

INFORMATION UPDATE

Please update the following information below:

New Brokerage Name: _____

Email Address: _____

Phone Number: _____ – _____

PACKET CHECKLIST

____ Agent contact information updated

____ Service Termination Form (Old Broker completes)

____ Brokerage Affiliation Form (New Broker completes)

____ Listing Transfer Form (If applicable, both Brokers complete)

CERTIFICATION

I certify that the information provided in this transfer packet is true and complete to the best of my knowledge, and I understand that processing may be delayed if any required information or forms are missing.

AGENT SIGNATURE: _____ **DATE:** _____

SUBMISSION

Please confirm that all required signatures have been obtained and that any applicable listing transfer details are complete before submitting the packet for processing. Email the completed packet to **info@waarealtor.com**.

SERVICE TERMINATION FORM

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Use this form to terminate or update WAAR/ WMLS access for an agent, firm or office admin. Complete only the sections that apply. All required broker signatures must be included.

PURPOSE OF FORM

____Agent Termination ____ Brokerage Termination ____ WMLS Office Admin Termination

BROKERAGE INFORMATION (Required for All Submissions)

Broker Name: _____

Brokerage Firm: _____

Office Address: _____City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

AGENT INFORMATION

Agent Name: _____ License #:_____

Email Address: _____

TERMINATION OF SERVICES

____ WAAR ____ WMLS ____ Letter of Good Standing Requested

REASON (Select all that apply)

____ Transfer to New Brokerage Firm ____ Moving to Referral Status ____ License Returned to DPOR

____ Retirement ____ Deceased ____ Other

____ Inactive Status | Agent and Broker hereby request and agree to the WMLS Subscription Waiver terms and conditions set forth in Williamsburg MLS Rules and Regulations.

____ Transfer to New Association | Association Name: _____

____ **Principal/Managing Broker terminating firm and all agents WAAR/WMLS Access**

BROKER SIGNATURE (REQUIRED): _____ **Date**: _____

WMLS OFFICE ADMIN TERMINATION (To be completed by Principal/Managing Broker)

Administrator Name**:** _____ WMLS User ID: _____

Firm Name: _____ WMLS Firm ID: _____

BROKER SIGNATURE (REQUIRED): _____ **Date**: _____

BROKERAGE AFFILIATION FORM

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BROKERAGE INFORMATION

Broker Name: test test

Brokerage Firm: _____

Office Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Agent Name: _____ **License #:** _____

Email Address: _____ ☐ **New Agent** ☐ **Agent Transfer**

☐ WILLIAMSBURG MLS

I hereby register the above-named agent as an authorized Williamsburg MLS (WMLS) user and SentriLock applicant under my supervision. I acknowledge and agree to the following terms:

WMLS TERMS

- I am responsible for ensuring compliance with all WMLS Bylaws and Rules and Regulations.
- WMLS reserves the right to deny or revoke services at any time. I am responsible for outstanding fees associated with inactivated licensees.
- Fees continue until registration is formally canceled or access is revoked.
- Unregistered staff are prohibited from using WMLS services.
- My firm is responsible for penalties resulting from improper access.
- Licensees must subscribe to WMLS or submit an approved Waiver of Subscription Fees.
- All users must complete a 3.5-hour training class within 60 days.

SENTRILOCK TERMS

- I agree to enforce the SentriLock Agreement for the agent listed above.
- Disassociation does not relieve me of SentriLock responsibility.
- I will notify WMLS in writing of termination or license transfer.
- I am jointly liable with the agent for all SentriLock obligations. Failure to comply may result in loss of SentriKey privileges.

☐ WMLS SUBSCRIPTION WAIVER

I hereby certify that the above-named agent:

- Is an active subscriber to another MLS or CIE of which I am also a Participant
- Will not access or benefit from any WMLS services or data
- Is not acting as a listing agent within WMLS
- Does not possess or control any WMLS lockboxes

This certification constitutes a formal Application for Waiver of WMLS Subscription Fees and remains binding until modified and accepted by Williamsburg MLS.

BROKER ACKNOWLEDGMENT & SIGNATURE

By signing below, I confirm that I am the principal or authorized managing broker of the firm listed above. I certify that the licensed agent named on this form is currently affiliated with my firm. I also confirm that all selected sections of this form are accurate and that the firm named above will be the agent's new brokerage, effective upon acceptance and processing by Williamsburg MLS.

Broker Signature: _____ **Date:** _____

LISTING TRANSFER FORM

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LISTING(S) RELEASE OFFICE:

Releasing Office Name: _____ WMLS ID: _____

Agent Name: _____ WMLS User ID: _____

I agree to release the following listing(s):

	MLS #	ADDRESS	LISTING STATUS
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Releasing Broker Signature: _____ Date:_____

LISTING(S) RECEIVE OFFICE:

New Office Name: _____ WMLS ID: _____

Agent Name: _____ WMLS User ID: _____

I agree to accept the above listing(s).

Receiving Broker Signature: _____ Date: _____